								10 189/68					
								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								0/2 1/2					
Effective October 1, 2003								1 State					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								E C	YTTTY	OR	OTHER		
TC	TAL CLAIMS	•	10				A	ATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	385.00	OR	BASIC FEE	770.00 <sup>-</sup>	
TOTAL CHARGEABLE CLAIMS			() minus 20=				×	\$ <b>9</b> =	•	OR	X\$18=		
INDEPENDENT CLAIMS			# minus 3 =		1		×	X43= //		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT							OR	+290=		
* If the difference in column 1 is less than zero, enter						plumn 2	TO	TAL	489	OR	TOTAL		
, / CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
2	12704	(Column 1)	(Cotumn 2) (Cotumn 3				SA	IALL	ENTITY	OR	SMALL		
MTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Ttal	. 70	Minus	-		•	X	9=		OR	X\$18=		
ME	Independent	• <i>U</i>	Minus	***	· 61 A414	-	×	43+		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+7	45=		QR	+290=		
								TOTAL		OR	YOYAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER SUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	<u></u>	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• 12	Minus	- 20		•	×	<b>√6=</b> .	. /	OR	X\$18=		
MEN	Independent	• 4	Minus	••• L	<u> </u>	-	×	13.	7	OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45= ,		OR	+290=		
10740										00	TOTAL		
•	•	ADDI	T. FÉE		,	ADDIT. FEE	·.						
		(Column 1) CLAIMS	<u> </u>	(Colum	EST	(Column 3)	<u>ن</u> ا	<del>/</del>	ADDI-	· 1		ADDI-	
AMENOMENT C		REMAINING AFTER AMENDMENT	·	PREVIO PAID	XUSLY	PRESENT EXTRA	R	/LE	TIONAL. FEE		RATE	TIONAL	
Š	Total	•	Minus	**		6	×	9-		OR	X\$18=	•	
ME	Independent	•	Minus	-	CLARA		×	13=		OR	X86≈		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
. • 1	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL		
-	the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pal	id for IN THE	S SPACE I	iess the	n 20, erter 20. In 1, enter 1.	•	T. FEE	propriete be		ADOM, FEE! lumn 1.	٠.	
	<u> </u>			·						•	WRITINGST OF	COMMERCE	
FORM	1 PTO-875 (Res. 16	(EDX							•		. •		
	•		• .	. '			٠		•				